

Challenges and Opportunities in Public Health: The Elite Eight

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**Moving Missouri's Public Health Forward: Exploring What Works
Columbia, Missouri**



Centers for Disease Control and Prevention

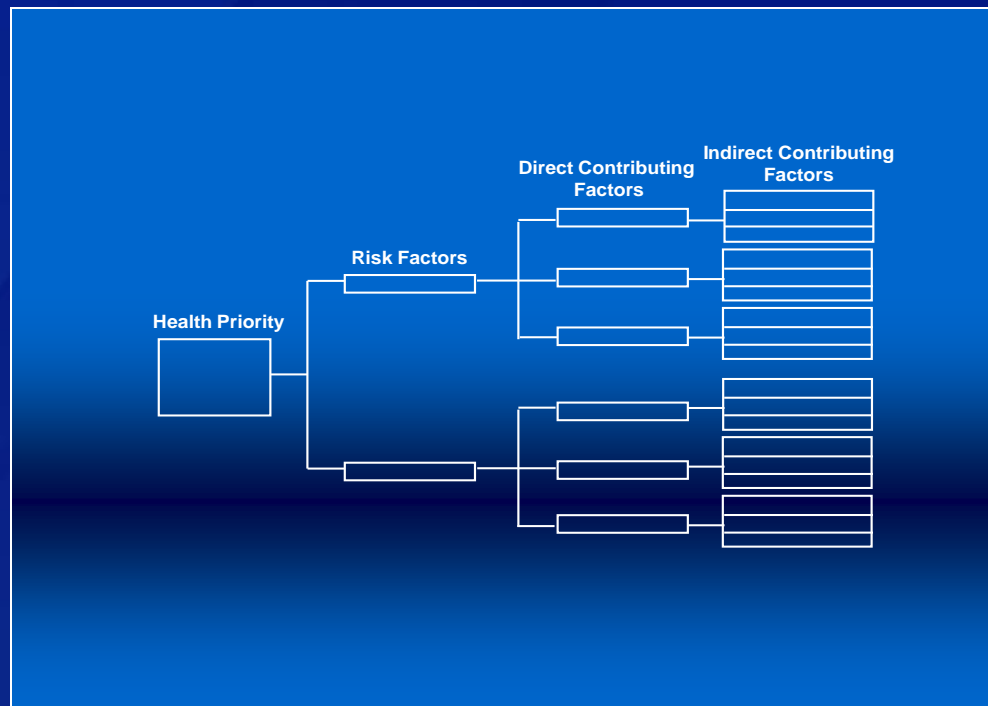
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Emerging and Evolving Public Health Issues

- ❑ Around the world
- ❑ Across the nation
- ❑ Within the federal government, HHS, CDC, OSTLTS
- ❑ Here in Missouri

Challenges and Opportunities for Public Health: The Elite Eight

“The best of anything considered collectively . . .”
“. . . the choice part . . .”



The Elite Eight

1. Changes in public health bring changes in public health standards. And vice versa.

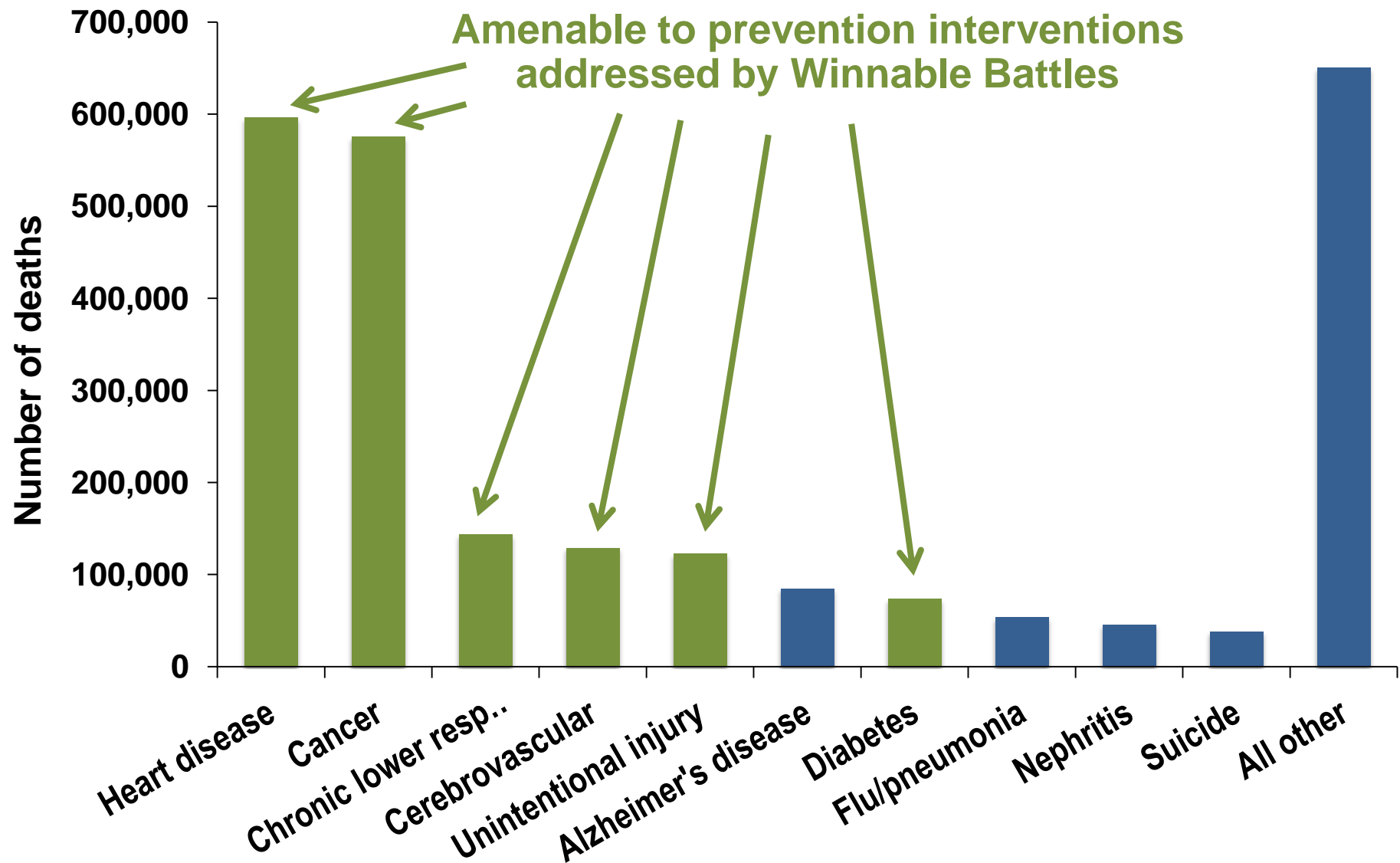
Changes

- ❑ Public Health Accreditation Board (PHAB) Standards
 - Version 1.5
 - Already identifying content/topics for future versions
- ❑ New/changing content reflecting changes in public health
 - Informatics
 - Health equity
 - Quality improvement/performance management
 - Public health/healthcare integration
- ❑ Closer look at different settings: small/rural, tribes, territories, etc.

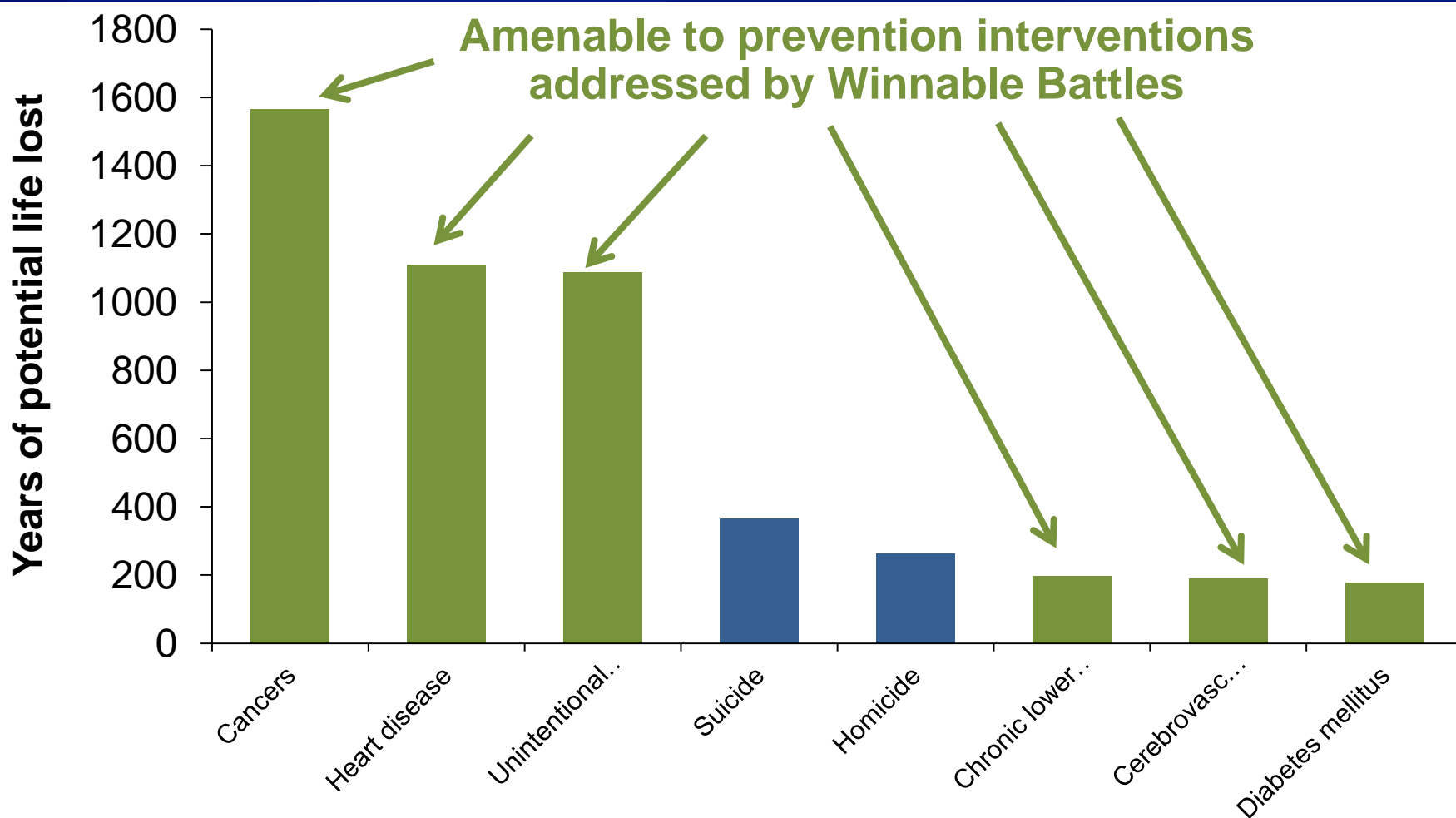
The Elite Eight

2. Winnable battles are so named because they are winnable.

Leading Causes of Death—US, 2011



Years of Potential Life Lost for Selected Causes of Deaths—US



Source: Health, United States, 2011, CDC, NCHS; Crude data for 2008, all persons, before age 75

Key Winnable Public Health Battles

PREVENTING THESE
FIVE THINGS
CAN SAVE LIVES
AND MONEY

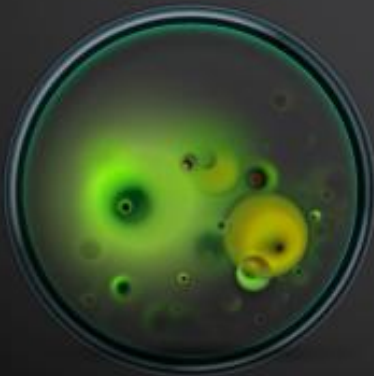
TOBACCO USE



HEART DISEASE



HEALTHCARE-ASSOCIATED
INFECTIONS



PRESCRIPTION
DRUG OVERDOSE



TEEN PREGNANCY



Prevention Status Reports (PSRs)

- ❑ Goal: to help advance evidence-based public health policy and practice
- ❑ Focus is on solutions—evidence-based and expert-recommended public health policies and practices
- ❑ Indicators highlight the status of state-level policies and practices
- ❑ Individual reports for all 50 states and the District of Columbia on 10 health topics released January 2014

Projects underway:

- *PSR Evaluation*
- *Development of the 2015 PSRs*

www.cdc.gov/psr



Prevention Status Reports—Summary for Missouri | 2013

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce 10 important health problems or concerns. Below is a summary of Missouri's PSR ratings for 2013.

PSR Policies and Practices by Topic	2013 PSR Rating
Excessive Alcohol Use	
State beer tax	Red
State distilled spirits tax	Red
State wine tax	Red
Commercial host (dram shop) liability law	Yellow
Local authority to regulate alcohol outlet density	Yellow
Food Safety	
Speed of pulsed-field gel electrophoresis (PFGE) testing of reported <i>E. coli</i> O157 cases	Green
Completeness of PFGE testing of reported <i>Salmonella</i> cases	Green
Healthcare-Associated Infections (HAIs)	
State health department participation in statewide HAI prevention efforts	Green
Heart Disease and Stroke	
Implementation of electronic health records	Yellow
Pharmacist collaborative drug therapy management policy	Green
HIV	
State Medicaid reimbursement for routine HIV screening	Green
State HIV testing laws	Green
Reporting of CD4 and viral load data to state HIV surveillance program	Green
Motor Vehicle Injuries	
Seat belt law	Red
Child passenger restraint law	Yellow
Graduated driver licensing system	Red
Ignition interlock law	Yellow
Nutrition, Physical Activity, and Obesity	
Secondary schools not selling less nutritious foods and beverages	Red
State nutrition standards policy for foods and beverages sold or provided by state government agencies	Red
Inclusion of nutrition and physical activity standards in state regulations of licensed childcare facilities	Red
State physical education time requirement for high school students	Red
Average birth facility score for breastfeeding support	Red
Prescription Drug Overdose	
State pain clinic law	Red
Prescription drug monitoring programs following selected best practices	Red
Teen Pregnancy	
Expansion of state Medicaid family planning eligibility	Yellow
Tobacco Use	
State cigarette excise tax	Red
Comprehensive state smoke-free policy	Red
Funding for tobacco control	Red



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3. Cross-jurisdictional collaboration can be an opportunity for everyone. But it might not be for everyone.

Cross-Jurisdictional Sharing of Public Health Services

“The deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services”

Spectrum of Cross-Jurisdictional Sharing Arrangements

Informal and Customary Arrangements	Service-Related Arrangements	Shared Functions with Joint Oversight	Regionalization
<ul style="list-style-type: none">• “Handshake”• MOU• Information sharing• Equipment sharing• Coordination	<ul style="list-style-type: none">• Service provision agreements• Mutual Aid Agreements• Purchase of staff time	<ul style="list-style-type: none">• Joint projects addressing all jurisdictions involved — ongoing or episodic• Shared capacity, e.g., epidemiology covering all jurisdictions• Inter-local agreements	<ul style="list-style-type: none">• Creation of a new local public health entity by merging two or more existing local public health agencies• Consolidation of one or more local public health agencies into an existing local public health agency

Cross-Jurisdictional Sharing (CJS)

❑ CDC activities

- State, Tribal, Local, and Territorial Workgroup recommendations
- CDC activities and methods to foster sharing of services
- Collaboration and support of others (i.e., Center for Sharing Public Health Services and Practice-based Research Networks)
- www.cdc.gov/stltpublichealth/cjs

❑ Center for Sharing Public Health Services

- Robert Wood Johnson Foundation-supported initiative through Kansas Health Institute
- 16 demonstration sites across 14 states
- www.phsharing.org

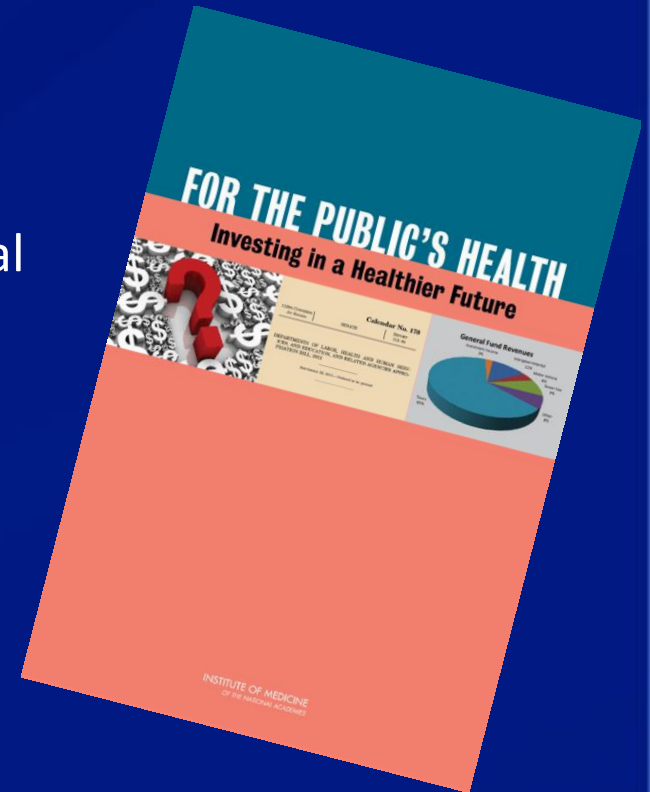
❑ Key questions, tools, and stories

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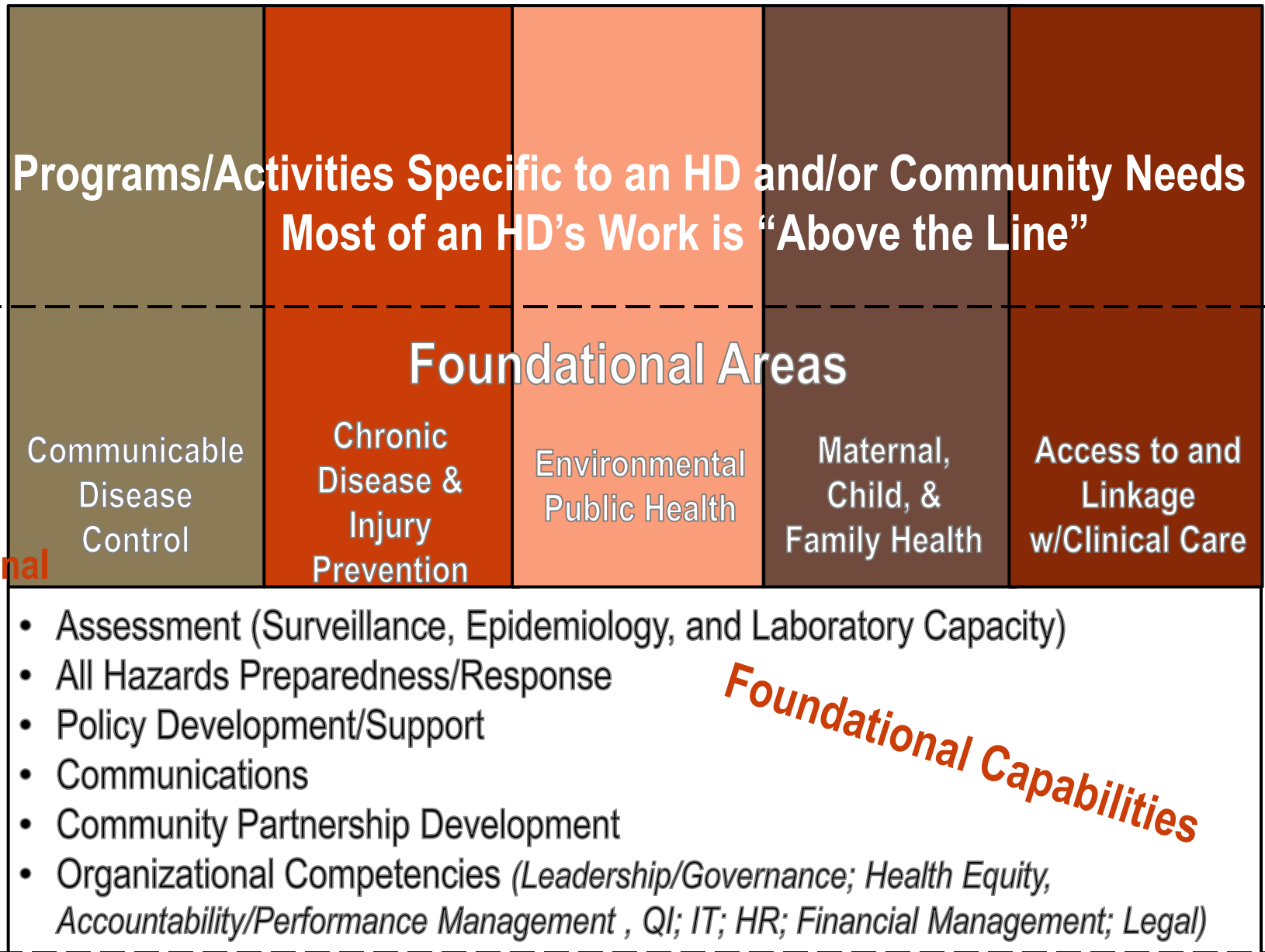
4. Money makes the (public health) world go around.
And the world is changing.

Financing Health and Public Health

- ❑ Finance questions and exploration of core and foundational services
 - Foundational capabilities and foundational areas framework and costing (RESOLVE)
- ❑ Reimbursement and payment reform
- ❑ Finance models for community health and prevention



Foundational Public Health Services – Conceptual Framework (RESOLVE workgroup, updated 12/2014)



**Foundational
Public
Health
Services**

Foundational Capabilities

Financing Health and Public Health

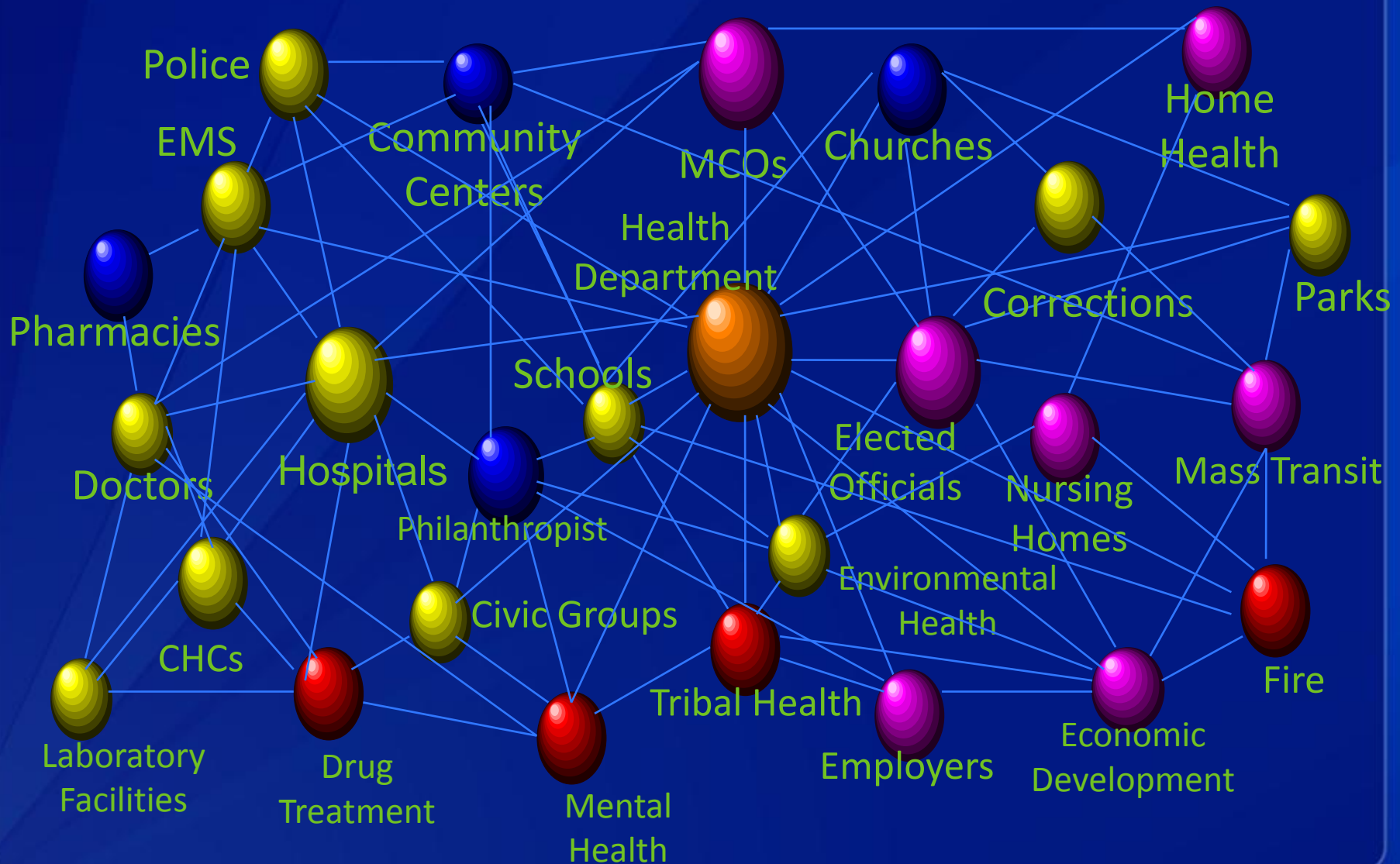
□ Opportunities and explorations

- Billing for services
- Health and wellness funds
- Social impact bonds
- Community health needs assessments (CHNAs)
- Cross-jurisdictional sharing

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5. We've all discussed "health in all policies." But what about "health in all partnerships?"

The Public Health System (Through Our Eyes)

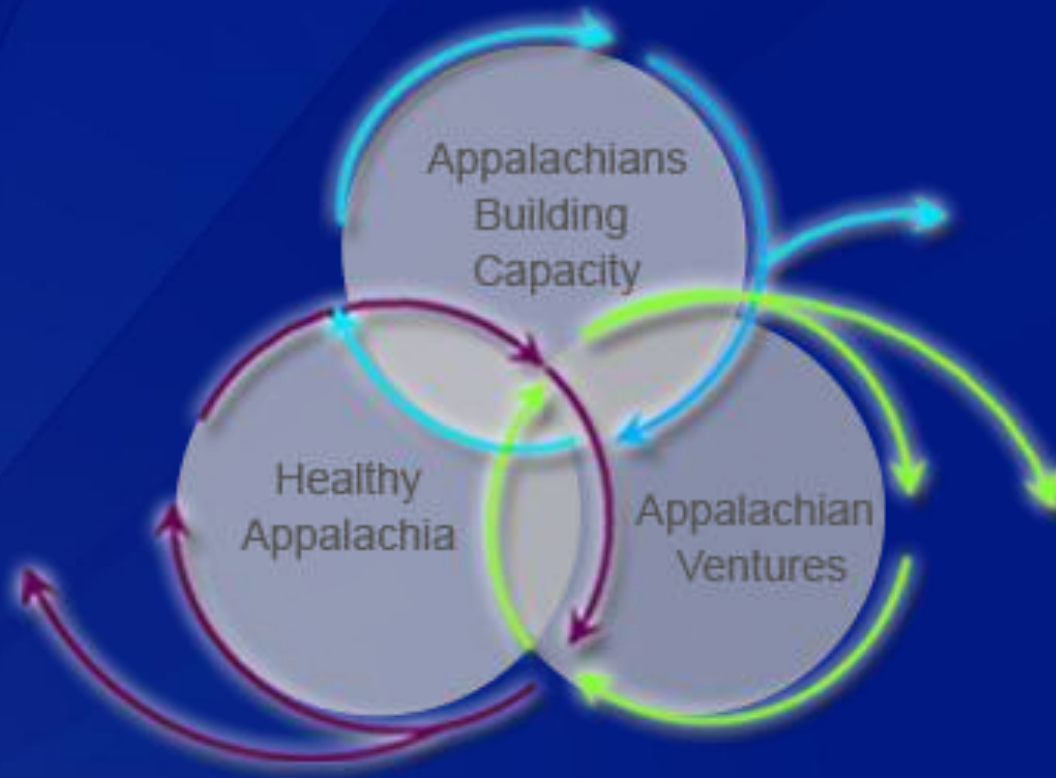


EPA Environmental Justice Partnership Diagram



The Appalachia Prosperity Project (APP)

“A new model for economic development that values innovation, skilled labor, and a healthy workforce over physical infrastructure and commodity production . . .”



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6. Health system transformation brings new partners to the table. It is also creating new tables.

Achieving Health Value through the Triple AIM

- ❑ Triple Aim
 - Achieve better care for patients
 - Improve health for our communities
 - Reduce costs through improvement in our healthcare system
- ❑ Emphasis on population health and payment reform
- ❑ Center for Medicare and Medicaid Innovation
 - State Innovation Model Initiative (SIMs)
 - Accountable Care Organizations
 - Patient Centered Medical Homes

Evolution of Health System

Health Delivery System Transformation Critical Path

Episodic Non-Integrated Care

- Lack integrated care networks
- Lack quality and cost performance transparency

Outcome Accountable Care

- Patient or person centered
- Transparent cost and quality performance
- Focus on care management and preventive care

Community Integrated Healthcare

- Healthy population centered
- Integrated networks linked to community resources capable of addressing psycho social/ economic needs
- Population-based reimbursement

Source: Neal Halfon, UCLA Center for Healthier Children, Families & Communities

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7. In a time of needing to do more with less, it is more important than ever not to “recreate the wheel” and to leverage connections.

Leveraging Connections

- ❑ Strategic and concrete links between standards, quality improvement, and programmatic work of public health
 - Crosswalks with PHAB standards—*The Community Guide*, food safety, public health emergency preparedness capabilities, Project Public Health Ready, healthcare-associated infections, immunizations, etc.
- ❑ Communications
- ❑ Priority community issues and looking for co-benefits
- ❑ Leveraging connections between requirements for organizations (e.g., CHNA)



Community Health Needs Assessment

□ Drivers

- Tax-exempt hospitals and community benefit requirements for IRS (n>3,000)
- Federally qualified health centers (n>1,200)
- Federal grant requirements (e.g., Community Transformation Grant, the National Public Health Improvement Initiative (NPHII))
- Voluntary public health accreditation through PHAB (n~2,400)
- State laws or requirements for health departments

□ Similar (but not the same) elements and language

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8. We need to always think about the “so what?” questions. Where’s the evidence? What’s the impact? What’s the return on investment?

So What?

- ❑ Strengthening evidence-based practice
 - Use of evidence-based interventions (e.g., *The Community Guide*)
 - Use of evaluation, performance management and quality improvement to drive improvements and maximize impact
- ❑ Strengthening practice-based evidence
 - Peer learning and stories from the field (NPHII, PHQIX, COPPHI)
 - Documentation—publication of practice activities
- ❑ Invest in strategic decision-making—cost benefit analysis and return on investment can help!

In Summary . . .

1. Changes in public health and public health standards
2. Winnable battles
3. Cross-jurisdictional collaboration
4. Health and public health financing
5. Partnerships
6. Health system transformation
7. Leveraging connections
8. Value, impact, and return on investment

Reactions? Questions?

Additional points?

Continuing the Conversation



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Facts from the Field

Thank you!

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For more information, please contact CDC's Office for State, Tribal, Local and Territorial Support

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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